South Carolina DEPARTMENT OF HEALTH AND HUMAN SERVICES

Post Office Box 8206 Columbia, South Carolina 29202-8206 www.scdhhs.gov

January 5, 2007

MEDICAID BULLETIN

DEN 07-01

TO: Dental Providers

SUBJECT: <u>Training for</u>:

American Dental Association's (ADA's) 2006 Claim Form

Centers for Medicare and Medicaid Services (CMS) Revised 1500 (08/05)

Claim Form

The South Carolina Department of Health and Human Services (SCDHHS) is offering Medicaid training for providers of dental services. The workshop will begin with detailed information on filing on the new ADA 2006 Claim Form and information about NPI, and will conclude with detailed information specific to oral surgeons on filing with the revised CMS 1500 (08/05) Claim Form.

Enrollment is limited, so please register early for one of the training sessions listed below:

Florence, SC	Charleston, SC
Tuesday, January 23, 2007	Tuesday, January 30, 2007
Florence-Darlington Technical College	Main Library
2715 West Lucas Street	68 Calhoun Street
Bldg: Fred C. Flore Auditorium	Bldg: Auditorium located in library
Time: 1:30PM – 4:30 PM	Time: 1:30PM – 4:30 PM
SPECIAL INSTRUCTIONS: No food or drink is permitted. Parking is free.	SPECIAL INSTRUCTIONS: No food or drink permitted. Parking at library – 1 st hour free, \$.50 every half hour after. Another parking garage is located across the street, but is not affiliated with the library.
Columbia, SC	Greenville, SC
Wednesday, February 7, 2007 OR Tuesday, February 13, 2007	Wednesday, February 21, 2007
Blue Cross Blue Shield of South Carolina	Greenville Technical College
17 Technology Circle	506 South Pleasantburg Drive
Bldg: Palmetto GBA Building	Bldg: TRC Auditorium Bldg #102
Time: 1:30PM – 4:30 PM	Time: 1:30PM – 4:30 PM
SPECIAL INSTRUCTIONS: Food and drink	SPECIAL INSTRUCTIONS: No food or
are permitted. Parking is free.	drink is permitted. Parking is free.

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To register, visit the South Carolina Medicaid Provider Outreach Web site, www.scmedicaidprovider.org, or call Provider Outreach at 1-888-289-0709. Provider Outreach will confirm your registration by sending you directions to the training.

Questions regarding this bulletin should be directed to your Program Representative at (803) 898-2568. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/

Robert M. Kerr Director

RMK/bmhw

NOTE: To receive Medicaid bulletins by email, please send an email to <u>bulletin@scdhhs.gov</u> indicating your email address and contact information.

To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp